

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT'S					
						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.	61					
1						62					
2	/					63					
3						64					
4	/					65					
5		/				66					
6		/				67					
7	/					68					
8						69					
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33		/				94					
34		/				95					
35		/				96					
36		/				97					
37						98					
38						99					
39						100					
40						TOTAL IND.					
41						TOTAL DEP.					
42						TOTAL CLAIMS					
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	/										
TOTAL DEP.	35										
TOTAL CLAIMS	36										

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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